

SANDY CITY BUSINESS LICENSE
10000 CENTENNIAL PARKWAY, SUITE 210
SANDY UT 84070

PHONE (801) 568-7252

HOW TO APPLY FOR A SANDY CITY HOME OCCUPATION LICENSE
(please retain for your records)

Sandy is a great place to start and carry on a business! This office wishes to offer assistance with the application process and has designed this set of procedures to help you understand some of the requirements for opening a business in your home.

1. Generally, businesses involved with the sale of a tangible product must apply for a State Sales Tax number. You may obtain that number from the State Tax Commission at 210 N.1950 W, Salt Lake City. If you anticipate commencing business in less than 6 weeks, you will need to apply for that number in person. There is no charge. If the business is a sole proprietorship (or other similar circumstance where there is no immediate need for an EIN number) you may apply for your State Sales Tax Number at the same time as you apply for the DBA (item #2 below), you may obtain both items at the Heber Wells, address below. You must provide written proof of a valid sales tax number.
2. If you wish to use a business name (DBA), you must register that name with the State Division of Corporations, Assumed Name Section, located at the Heber Wells Building at 160 E. 300 S. S.L.C. The charge is \$22.00 for three years. You must file a written copy of your DBA at the time you file your home occupation application. If the business is a Limited Liability Company or Incorporated and you are conducting business using the LLC or corporate name, you must file a State approved copy of the Articles.
3. If the business is being run from rental property, a letter of permission (indicating the portion of the home permitted to be used, and acknowledging the nature of the business), must accompany the application.
4. Microfilming requires applications to be typed or completed in black ink. Incomplete applications will be returned. Ordinance allows up to 30 days for processing.
5. Fees for all licenses are established by resolution of City Council. A copy of the most recently approved fees is attached. All appropriate fees must accompany the application. Please contact this office for correct computation of pro-rated amounts for regulatory and any applicable disproportionate fees. A \$25.00 charge is assessed to checks returned by any financial institution.
6. A copy of the Home Occupation ordinance is attached. Please make sure you are able to comply with those requirements. If you fall under a Category III Home Occupation, you must first receive an approved Conditional Use Permit, before submitting this application for a Home Occupation Business License. If you have questions regarding any portion of the ordinance, you should contact the license office for correct interpretation or explanation.
7. There are additional requirements for beauty salons, group child uses, garage uses, accessory building uses, kilns, wood working or other flammable uses etc. for which you may incur additional inspection, and/or permit costs and application processing delays. Please check with the licensing office for further information.
8. License renewals are due by March 1 each year. Your Business License will indicate an expiration date. Renewal notices will be sent to you as a reminder, but you are ultimately responsible for making sure renewal payments are received prior to delinquency. A 25% delinquent late fee penalty is assessed on accounts not paid within 30 days of due date. After 45 days, and additional 50% delinquent penalty is assessed. If a bill is delinquent after 60 days, it is forwarded to the Legal Department for collection. Collection costs are incurred by the applicant.

Please familiarize yourself with license renewal due dates and delinquency rates indicated on both this front information sheet and the application page. You must be willing and able to comply with all provisions of the ordinance for license approval.

If you have questions or need assistance in completing this application, please contact the Business License Office at 568-7252 and we will be pleased to be of assistance.

Rec'd		SANDY CITY HOME OCCUPATION LICENSE APPLICATION	Type/Rat	
Enter			Account	

****PLEASE PRINT OR TYPE IN BLACK INK****

BUSINESS NAME:			LOCAL PHONE #:
RESIDENCE:		CITY & STATE:	ZIP:
MAILING ADDRESS:		CITY & STATE:	ZIP:
COMMENCEMENT/STARTING DATE:	SALES TAX # (ATTACH VERIFCTN)	ENTITY # (ATTACH VERIFICATION)	FAX #:
FULLY DESCRIBE THE NATURE OF THE BUSINESS:			
HOMEOWNER OF PROP? Y / N	IF 'No'LETTER OF PERMISSION	HOME PHONE #:	PORTION OF HOME BEING USED:
# OF OFF SITE EMPLOYEES:	# OF ON SITE EMPL:	WORK HOURS FOR ON SITE EMPL'S:	CONDITIONAL USE REQ'D? Y / N
FULL NAME OF APPLICANT (FIRST, MIDDLE, LAST)		DATE OF BIRTH	
1.		1.	
2.		2.	
MISC/OTHER, AS REQUESTED		DRIVER'S LICENSE NUMBER	
1.		1.	
2.		2.	

This application is subject to approval from the Sandy City Police Department (a background check may be performed on some specific types of businesses). Applications may also require approval of the Sandy Fire Department, Building Inspection Department, County Health Department and Zoning Department. Those specific types of uses requiring on-site inspections are subject to a \$25.00 charge over and above the regulatory and disproportionate license fees. If a license renewal fee is not paid within 30 days of the due date, a 25% late fee will be assessed. After 45 days, an additional 50% late fee penalty will be assessed.

If a license is not obtained prior to opening your business, you may be subject to a double license fee penalty!

Regulatory Fee		Prorated___%		Disproportionate		Prorated___%	
#Emp___ x \$11		Inspection Fee	\$30	Penalty		TOTAL DUE	

"I hereby confirm that the information submitted is a correct and true reflection of the applicant(s), and the business. I agree to conduct business strictly in accordance with provisions of the Home Occupation ordinance and other ordinances, laws and statues governing operation of said business. I understand that this application may be subject to audit, for billing purposes."

SIGNATURE OF APPLICANT _____ **DATE** _____

Office use only:

Building Inspections	_____	Cleared	_____	Date	_____
Fire Department	_____	Cleared	_____	Date	_____
Planning Dept.	_____	Cleared	_____	Date	_____
Health Department	_____	Cleared	_____	Date	_____
Police Department	_____	Cleared	_____	Date	_____